

January 29, 2024

Regulatory Commission of Alaska
701 West Eighth Avenue, Suite 300
Anchorage, AK 99501

RE: FCC Form 555 Carrier Certification.

Dear Commissioners:

Pursuant to 47 CFR 54.416(b) please find the Alaska Communications' Carrier Certifications for the ACS Local Exchange Companies¹.

Please call me at (907) 564-7902 with any comments or concerns.

Sincerely,

ALASKA COMMUNICATIONS

/s/ Trent Wilson

Trent Wilson
Senior Financial Analyst
600 Telephone Avenue, MS#60
Anchorage, AK 99503
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Attachment

¹

ACS of Alaska, LLC, ACS of Anchorage, LLC, ACS of Fairbanks, LLC, and ACS of the Northland, LLC

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

613012	143002695	
Study Area Code (SAC)	Service Provider Identification Number (SPIN)	
(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC that provides Lifeline service).		
2023	AK	ACS of Alaska, LLC - Juneau
Recertification Year	State	ETC Name
		Alaska Communicatins Systems Holdings, Inc.
DBA, Marketing, or Other Branding Name	Holding Company Name	
(If same as ETC name, list "N/A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do <u>not</u> leave blank)	

Does the reporting company have affiliated ETCs? Yes ☒ No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name
613000	ACS of Anchorage, LLC
613008	ACS of Fairbanks, LLC
613010	ACS of the Northland, LLC - Glacier State
613020	ACS of the Northland, LLC - Sitka
613022	ACS of Alaska, LLC - Greatland

Initial Certification *All ETCs must complete this section.*

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial David Cohen

Annual Recertification Results

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from: ☐ state Lifeline administrator ☒ National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

No Subscribers Certification *Complete this section if ETC claimed no Lifeline subscribers.*

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial _____

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes ☐ No ☒

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	H
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

David Cohen

Signature of Officer

david.cohen@acsalaska.com

Email Address of Officer

David Cohen

Person Completing This Certification Form

David Cohen, Vice President, Finance

Printed Name and Title of Officer

1/25/2024

Date

9132192485

Contact Phone Number






FCC Form 555 2023-613012-143002695 240125183119

Final Audit Report

2024-01-26

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